



**LifeSpan**  
**RESOURCES**  
*Promoting Independent Living  
for People of all Ages*

A member of the connect Alliance.

This gift is in \_\_\_ Memory Of \_\_\_ Honor Of \_\_\_\_\_  
For the occasion of \_\_\_\_\_  
Please send notification to (please print name) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

All contributions are tax deductible as allowed by law.  
All gifts will be gratefully acknowledged.

Please send me information on how to include Lifespan Resources in my Will or Estate Planning  
 I have included Lifespan Resources in my Will.

**Questions:** 812.948.8330 or Toll Free at 888-948-8330

**Lifespan Resources, Inc.**  
PO Box 995, New Albany, IN 47151  
<http://lsr14.org>

***Yes, I want to help Lifespan Resources' Clients!***

Enclosed is my gift. (Please make checks payable to *Lifespan Resources*)

I want to pledge \$\_\_\_\_\_. Please contact me.

Bill my credit card in the amount of \$\_\_\_\_\_

My employer will match my gift. Employer: \_\_\_\_\_

Circle One: Visa | Mastercard | American Express | Discover | PayPal

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Thank You For Your Generous Gift!**